



Child and Youth Performance Outcome System Pilot
Client Information/Risk Factor Assessment

Draft

Section I. Client Information
Please complete Section I at Time 1.

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County <div><div></div><div></div></div> <div><div>0</div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	Gender: <div><div></div><div>Male</div><div></div><div>Female</div><div></div><div>Other</div></div> <div>Caregiver's Current Zip Code (If unknown, please leave blank.)<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>0</div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	Date of Birth <div><div></div><div></div><div>-</div><div></div><div></div><div></div><div></div><div></div></div> <div><div>0</div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	Ethnicity (check up to two) <div><div></div><div>White</div><div></div><div>Hispanic</div><div></div><div>African American</div><div></div><div>Native American</div><div></div><div>Filipino</div><div></div><div>Amerasian</div><div></div><div>Chinese</div><div></div><div>Cambodian</div><div></div><div>Japanese</div><div></div><div>Korean</div><div></div><div>Samoan</div><div></div><div>Asian Indian</div><div></div><div>Hawaiian Native</div><div></div><div>Guamanian</div><div></div><div>Laotian</div><div></div><div>Vietnamese</div><div></div><div>Other Asian or Pac. Islander</div><div></div><div>Other</div><div></div><div>Unknown or Not Reported</div></div>																												
Please indicate the child's diagnostic category (P=Primary, S=Secondary): <div><div><div>P</div><div>S</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div>Developmental Disorder</div><div>Attention Deficit Hyperactivity Disorder</div><div>Disruptive Behavioral Disorder</div><div>Adjustment Disorder</div><div>Anxiety Disorder</div><div>Post-Traumatic Stress Disorder</div></div></div> <div><div><div>P</div><div>S</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div>Psychotic Disorder</div><div>Mood and Affective Disorder</div><div>Substance Abuse Disorder</div><div>Other</div><div>Unknown/Missing</div></div></div>																															
What agencies are currently involved with this child? <table><tr><th></th><th>YES</th><th>NO</th><th>Unknown</th></tr><tr><td>Child Protective Services (CPS)</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Juvenile Justice/Probation</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Special Education</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Drug/Alcohol</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Regional Center</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Other</td><td><div></div></td><td><div></div></td><td><div></div></td></tr></table>					YES	NO	Unknown	Child Protective Services (CPS)	<div></div>	<div></div>	<div></div>	Juvenile Justice/Probation	<div></div>	<div></div>	<div></div>	Special Education	<div></div>	<div></div>	<div></div>	Drug/Alcohol	<div></div>	<div></div>	<div></div>	Regional Center	<div></div>	<div></div>	<div></div>	Other	<div></div>	<div></div>	<div></div>
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Section II. Risk Factor Assessment
Please complete Section II at Time 1.

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Biological Parent/Current Caregiver Characteristics: Do any of the following characteristics apply to the child's biological parent and/or caregiver? <table><tr><th></th><th>YES</th><th>NO</th><th>Unknown</th></tr><tr><td>History of Psychiatric Hospitalization</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>History of Drug/Alcohol Abuse</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Chronic Physical Illness</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Law Violations</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Suicide Attempts</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Poverty</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>History of Mental Illness</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Other Children in Foster Care</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Domestic Violence</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Victim of Physical Abuse</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Victim of Sexual Abuse</td><td><div></div></td><td><div></div></td><td><div></div></td></tr></table>		YES	NO	Unknown	History of Psychiatric Hospitalization	<div></div>	<div></div>	<div></div>	History of Drug/Alcohol Abuse	<div></div>	<div></div>	<div></div>	Chronic Physical Illness	<div></div>	<div></div>	<div></div>	Law Violations	<div></div>	<div></div>	<div></div>	Suicide Attempts	<div></div>	<div></div>	<div></div>	Poverty	<div></div>	<div></div>	<div></div>	History of Mental Illness	<div></div>	<div></div>	<div></div>	Other Children in Foster Care	<div></div>	<div></div>	<div></div>	Domestic Violence	<div></div>	<div></div>	<div></div>	Victim of Physical Abuse	<div></div>	<div></div>	<div></div>	Victim of Sexual Abuse	<div></div>	<div></div>	<div></div>	Child Characteristics: Do any of the following characteristics apply to the child? <table><tr><th></th><th>YES</th><th>NO</th><th>Unknown</th></tr><tr><td>History of Psychiatric Hospitalization</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>History of Drug/Alcohol Abuse</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Chronic Physical Illness</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Law Violations</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Suicide Attempts</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Gang Association</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Intra-Uterine Drug Exposure</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Learning Disability</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Born to Teen Parent (under 18)</td><td><div></div></td><td><div></div></td><td><div></div></td></tr></table> <table><tr><th></th><th>YES</th><th>NO</th><th>Unknown</th></tr><tr><td>Victim of Physical Abuse</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Victim of Sexual Abuse</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Sexual Perpetrator</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Exposure to Violence</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Exposure to Domestic Violence</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td>Neglect</td><td><div></div></td><td><div></div></td><td><div></div></td></tr></table>		YES	NO	Unknown	History of Psychiatric Hospitalization	<div></div>	<div></div>	<div></div>	History of Drug/Alcohol Abuse	<div></div>	<div></div>	<div></div>	Chronic Physical Illness	<div></div>	<div></div>	<div></div>	Law Violations	<div></div>	<div></div>	<div></div>	Suicide Attempts	<div></div>	<div></div>	<div></div>	Gang Association	<div></div>	<div></div>	<div></div>	Intra-Uterine Drug Exposure	<div></div>	<div></div>	<div></div>	Learning Disability	<div></div>	<div></div>	<div></div>	Born to Teen Parent (under 18)	<div></div>	<div></div>	<div></div>		YES	NO	Unknown	Victim of Physical Abuse	<div></div>	<div></div>	<div></div>	Victim of Sexual Abuse	<div></div>	<div></div>	<div></div>	Sexual Perpetrator	<div></div>	<div></div>	<div></div>	Exposure to Violence	<div></div>	<div></div>	<div></div>	Exposure to Domestic Violence	<div></div>	<div></div>	<div></div>	Neglect	<div></div>	<div></div>	<div></div>
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Please fax completed instrument to:

(916) 654-3178

CALIFORNIA DEPARTMENT OF
Mental Health

Child's Name: _____

Draft

County Client #: _____ Date: _____

